

STATE OF MISSISSIPPI

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
Dr. Robert L. Robinson
Executive Director

PROVIDER NOTICE

To: Medicaid Providers

Subject: Preferred Drug List Changes

Date: May 17, 2010

As a result of medication reviews by the Division of Medicaid's Pharmacy and Therapeutics Committee, the following changes will be made to DOM's Preferred Drug List *effective July 1, 2010.* Generic products are listed in lower case. For a comprehensive Preferred Drug List, refer to our website at www.medicaid.ms.gov, select Pharmacy services, go to menu on right hand side of page, and select PDL. This list is subject to change.

PREFERRED DRUG LIST CHANGES, EFFECTIVE JULY 1, 2010

Drug class	PDL Additions	PDL Removals
Angiotensin Modulators		Aceon®, moexipril/hctz
Angiotensin Modulator Combo.	Lotrel ®	
Antiemetic Agents		Ondansetron 4* and 8 mg ODT
		(ondansetron oral tablets remain preferred; *4mg
		ODT preferred for 1 to 11 yrs of age)
Antiparkinsons Agents	bromocriptine	
Bone Resorption Suppression		Didronel®, etidronate disodium, Evista®
Agents		(Didrone and etidronate disodium previously non-
		reviewed; selected for non-preferred status)
Beta-Blockers		Betaxolol, Bystolic®, InnoPran ®XL, sotalol
Bladder Relaxants	Gelnique®, Toviaz®	Oxytrol®, Sanctura®, Sanctura® XR
Bronchodilators, Beta Agonist		ProAir ®HFA, Proventil ®HFA
Glucocorticoids, Inhaled	Pulmicort Flexhaler®	
Growth Hormones		Genotropin®, Saizen®
Intranasl Rhinitis Agents		Astelin®, Flonase®, fluticasone
Lipotropics, Statins		Simcor®
Multiple Sclerosis Agents		Extavia®
PAH Agents, Oral & Inhaled		Tyvaso®, Ventavis®
		(Tyvaso and Ventavis previously non-reviewed;
		selected for non-preferred status)
Pancreatic Enzymes	Zenpep®	Pancrease ®MT, Ultrase
Phosphate Binders	Renvela®	Fosrenol®
Proton Pump Inhibitors		lansoprazole, Prevacid® capsules only;
		(only Prevacid Solutab remains preferred)
Sedative Hypnotics		Rozerem®, temazepam 7.5 mg & 22.5 mg
Ulcerative Colitis Agents	Apriso®	Lialda®